

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009795

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 481

FILED MAR 5 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

| | | | |
|--|---|---|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Ferdinand Twp | | c. CITY OR TOWN St. Ferdinand Twp | |
| Length of stay in lb 6 yrs | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital; give location) HOSPITAL OR INSTITUTION 11222 Larimore | | d. STREET ADDRESS (If outside, give location) 11222 Larimore | |
| 3. NAME OF DECEASED (Type or print) First HENRY Middle A. Last GROTE | | 4. DATE OF DEATH Month February Day 12th , Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/3/08 |
| 9. AGE (last birthday) 54 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer | | 10b. KIND OF BUSINESS OR INDUSTRY farm | |
| 11. BIRTHPLACE (City and state or country) St. Louis Co., Mo. | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME William Grote | | 13b. MOTHER'S MAIDEN NAME Caroline Lillienick | |
| 14. NAME OF HUSBAND OR WIFE Melinda Grote | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | |
| 16. SOCIAL SECURITY NO. 2 | | 17. INFORMANT Address Melinda Grote, 11222 Larimore | |
| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Arteriosclerotic heart disease | | INTERVAL BETWEEN ONSET AND DEATH Immediate 1 month 1 month | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none | |
| 20c. TIME OF INJURY Hour 3:15 a.m. Month, Day, Year Jan. 12, 1963 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from Jan. 12, 1963 to Feb. 12, 1963 and last saw him alive on Jan. 12, 1963 - Death occurred at 3:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) Charles R. Lewis | |
| 22b. ADDRESS 7124 Natural Bridge | | 22c. DATE SIGNED Feb. 12, 1963 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE 2/15/63 | 23c. NAME OF CEMETERY OR CREMATORY Salem Lutheran Cemetery | |
| 23d. LOCATION (City, town, or county) St. Louis Co., Mo. | | 24. FUNERAL DIRECTOR ADDRESS DIEDRICH FUNERAL HOME, 8319 Hallsferry | |
| 25. DATE RECD. BY LOCAL REG. 2-13-63 | | 26. REGISTRAR'S SIGNATURE John C. Murphy | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

I hereby certify that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,

working under my personal supervision.

Signed W. D. Angley

Signature of Student Embalmer

Licensed Embalmer No. 1140

P. O. Address 112 East 8th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.